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Statement submitted by International Federation of Medical Students' Associations, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

The International Federation of Medical Students' Associations welcomes and affirms the priority theme "Social protection systems, public services and sustainable infrastructure for gender equality" of the sixty-third session of the Commission on the Status of Women.

Social protection must be regarded as an undebatable human right and its universal attainment as a milestone for the Agenda 2030. Those who receive social protection are supported and strengthened in particular in the vulnerable phases of their lives, such as childhood, parenthood or old age, and have access to public services that prevent poverty, that ensure the right to health and that enable individuals and families to inclusively participate in the social and economic spheres of society.

As young medical professionals and future health care providers, we experience day by day what we also find in the statistics: Gender is still a major socioeconomic determinant and for many an impediment to health. As an example, according to the International Labour Organisation, only 41,1 per cent of mothers with new-borns receive effective social protection coverage through a maternity benefit. That leaves roughly 83 million mothers without any support from the state — exactly in that life phase when one is vulnerable to poverty and hunger, to poor health and to exclusion from labour and economic growth. Being pressured to keep working during the late stages of pregnancy and to return to work prematurely not only puts mothers at risk, but also their children already from their first breaths.

Thus, looking at the advancement of social protection systems requires a gender lens. Only by investing in accessible and affordable public services and by ensuring state support that provides protection throughout the life cycle, we can empower women and their families. We can empower them to live healthy, to access education, to have job security, to contribute with their full potential to the development of the world they call home.

For this, we call on state leaders to commit to the following actions:

- Invest in gender-sensitive urban planning and development of infrastructure that provides safety for those who are at risk of experiencing discrimination, threats or violence, e.g. on the basis of their perceived gender,
- Bridge the gender pay gap, ensuring equal remuneration for equal work,
- Implement social protection coverage for the informal economy and encourage the redistribution of unpaid care work within families and among genders,
- Establish the opportunity of paid parental leave and flexible working arrangements to ensure women's ability to compete in the labour market,
- Ensure that legislation protects girls and women from experiencing gender-based violence or discrimination and actively support survivors of violence. Also ensure that girls and women receive education to know about their rights and are able to access judicial public services.

In the complexity of the role of social protection systems and public services for a sustainable and gender-empowered future, achieving Universal Health Coverage is a key ingredient. Adequate health care infrastructures, goods and services must be available no matter the geographical area and community. Health care must be accessible and provided without discrimination based on health status, race, ethnicity, education, age, gender, sexuality, disability, language, religion, nationality, income, or other status. However, particularly in rural areas, this aim is far from being

achieved, with 56 per cent of the population lacking health coverage according to the International Labour Organisation. Women are disproportionately likely to lack the social protection they need, especially where close and frequent health care is needed due to limited ability to care for oneself, e.g. in old age.

Societal stigma, inequality and discrimination based on gender perceptions are barriers to Universal Health Coverage and therefore, national-level human rights laws need to be installed to ensure that essential services including sexual and reproductive health services are available. For health care to do its part on the gender equity agenda, it is high time to regard sexual and reproductive health services as part of essential health care and through its provision ensure every girl's and woman's right to decide freely over the body, to be free from physical and sexual violence and coercion and to execute their right to determine if and when to have children.

In our deepest commitment to Health for all, we call on the Member States to:

- Become leaders to design and implement Universal Health Coverage, responding to the basic health needs of all patients, especially young people and those with hindered access to health care through poverty or social discrimination and with little representation in decision-making spaces,
- Ensure access for all women to sexual and reproductive health services, with special regard to coverage of maternal health care and access to family planning methods including modern contraceptives and the access to safe abortion services, independent from income and social status,
- Enhance aid effectiveness by maximising developmental aid to low- and middle-income countries to achieve and maintain universal health coverage packages that fit their social, political and cultural contexts.

Tailoring the advancement of social protection systems in a gender-sensitive manner will not only set a cornerstone for gender equity — it will make our generation human rights leaders, it will make our populations stronger and it will be a determinant of our way towards a sustainable world that serves all of us.